FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000046693 (2)

LUCAS & LUCAS ASSOCIATES, INC.

15541 SW 152ND TERRACE 15541 SW 152ND TERRACE MIAM! FL 33187 MIAMI FL 33187 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1997 2a. Mailing Address 2. Principal Place of Business Applied For 65-0759792 Not Applicable Suite, Apt #, etc. Suite. Apt. #. etc. \$8.75 Additional K 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Ζıρ Country Country 8. This corporation owes or has paid the current year Intangible K Yes □ No 30 Personal Property Tax due June 30. 24 25 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BLAKE, ANDREW** 15541 SW 152ND TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33187** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13.

DELETE Change TITLE 1.1 TITLE **BLAKE, ANDREW** 1.2 NAME NAME STREET ADDRESS **15541 SW 152ND TERRACE** 1.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33187** 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP Addition DELFTE Change 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the Information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address?

SIGNATURE: ANDREW P. BLAKE

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1305 238-0701

FILED

Feb 27 1998 8:00am

Secretary of State